



1. REGISTRANT INFORMATION – Please print or type

Name: _____ Designation _____
 Name of Clinical Practice _____
 City _____ State _____ Zip _____
 Email _____ Phone _____

If you require special accommodation to participate in this virtual conference, please contact the LARS office at (626) 836-5800

Yes! I want to receive important information about this and other LARS activities. Check all that apply:

- Event Communications: I agree to I want to receive reminder emails, important event updates and other email communications related to this event.
 Marketing Communications: email newsletters, emails about other LARS events, and other types of electronic marketing communications.

2. SELECT A PROGRAM (required)

- 2-Day Radiology Program 2-Day Radiation Oncology Program 2-Day CRS Annual Meeting & Leadership Summit

3. REGISTRATION FEES

Group Rate Discount. Receive 10% off your registration fee when registering five (5) or more from the same company/institution. One registration form per person. Registrations must be submitted together to qualify for the discount. Group registrations cannot be accepted online. Non-Members are not eligible.

Two Day Conference	LARS / SCROS / CRS Member	Non-Member
Physician	<input type="checkbox"/> \$400	<input type="checkbox"/> \$675
Technologist	<input type="checkbox"/> \$275	<input type="checkbox"/> \$425
Resident or Fellow*	<input type="checkbox"/> \$50	NA

**Residents and fellows must be enrolled in a 4-year accredited residency or fellowship program. Registration includes membership in LARS.

3. PAYMENT INFORMATION

Check # _____ (Payable in US currency to Los Angeles Radiological Society)
 Credit Card Payment: VISA MASTERCARD AMEX DISCOVER
 Credit Card #: _____ Exp. Date: _____ 3-digit code: _____
 Cardholder's Name _____
 Signature: _____
 Credit Card Billing Address: _____ Zip: _____

Conference Registration Amount: \$ _____ + Membership Dues: \$ _____ = Total: \$ _____

- If you are renewing membership dues, please check one: Physician Member Dues: \$275 Technologist Member Dues: \$50
 New Member- Attach a completed membership application to this registration form (or enroll online) and register at the member rate.
 Renewing Member- 2022 dues must be paid prior to attending the Meeting. Combine your registration with dues renewal

Cancellation/Refund Policy: Refunds will be given, less \$75 administrative fee, when received on or before February 3, 2022. All requests must be received in writing. No refunds will be given after this date.

Submit Registration to: awalton@amgroup.us
 Or Mail To: One Capitol Mall, Ste 800, Sacramento, CA 95814
REGISTRATION DEADLINE: FEBRUARY 3, 2022